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the traumatic retrograde amnesia of Ribot and Azam. There was increasing immobility of the limbs; absolute anaesthesia of the pharynx such that the finger could be thrust to the epiglottis without the least reaction. Hearing was reduced and the field of vision was obscured concentrically in both eyes. The dermal anaesthesia extended over the entire surface of the lower limbs, save only the entire sole of the right and the anterior half of the sole of the left foot. This mode of limitation of anaesthesia is very different from that produced in organic lesions of the spinal cord, where the insensibility extends over the lower abdominal regions, and is marked off from the normal parts near the umbilicus by a line nearly perpendicular to the axis of the body. The delimitation rather corresponds quite closely, as is shown by plates, to that produced in hypnotized hemianaesthetic subjects when in the somnambulant stage paralysis is suggested on the normal side. The explanation for this case is therefore the following: At the instant of the accident the patient lost consciousness for several hours, and afterwards lay for several days in a state of torpor or obnubilation, propitious for the efficacy of suggestion. "Local shock" left the limbs weak, and the idea of paralysis was auto-suggested, which was aided to vividness by emotional perturbation. It is possible that the idea thus developed was that the limbs were crushed and even removed. *Schreck-lähmungen*, fear-pareses, and the sentiments of feebleness produced by strong emotions probably exhibit parts of the same mechanism or terms of the same series of not yet well ordered phenomena. If this explanation be correct, this case is an illustration of reflex unconscious cerebration where the centre of the diastaltic arc is that part of the cortex representing the centres of voluntary psychic movement, mental unity being thus easily dissociated, so that adjacent regions are unaffected. The fact that the paresis had suddenly vanished in a convulsive attack confirms diagnosis of hysteric symptoms, but the anaesthesia was not reduced.

The second case is that of an athletic man of twenty-five, of imaginative and moody temperament. After a slight contusion on the shoulder he conceived the idea that the entire right arm was removed and a heavy weight hung in its place. Sensibility was reduced in the field of special senses and over the entire dermal surface of the body. Although not hypnotizable, the state of suggestibility is developed by the cerebral disturbance produced by nervous shock.

Note sur l'écriture hystérique. A. BINET. Rev. Philosophique, Jan., 1887.

In the case of hypnotics who write, as they think, conformably to the character of the personality impressed upon them, it is possible that a mental model furnished by memory may have been copied. If so, these cases are of small use to the graphologist who seeks in writing the unconscious expression of character. M. Binet states it as a law that all sensory excitement produced by colors, a magnet, praise, etc., excite in hyperexcitable subjects a general dynamogenesis causing enlarged and often more rapid writing. The character of the sentiment written often instinctively enlarges the script, which in such subjects is soon reduced by fatigue to perhaps even less than its normal size. Excitation and depression are thus directly mirrored.